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AFFECTIONS
OF THE
THROAT AND LARYNX

A. T. NORTON.

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AFFECTIONS
OF
THE THROAT AND LARYNX.

THE CLASSIFICATION, DESCRIPTION, AND STATISTICS OF
150 CONSECUTIVE CASES OCCURRING IN

The Throat Department

OF ST. MARY'S HOSPITAL.

BY

ARTHUR TREHERN NORTON, F.R.C.S.,

*Assistant Surgeon, and Surgeon in charge of the Throat Department
at St. Mary's Hospital;*

Lecturer on Anatomy in the Medical School.



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PREFACE.

THIS volume is, with some few alterations and additions, a reprint of Papers on Diseases of the Throat and Larynx which appeared in "The Lancet" in 1870. My object in writing the papers was to give statistics of a series of cases occurring in a public hospital, and at the same time to introduce a simple classification of those affections which, from their hidden position in the throat or larynx, it is difficult or impossible to diagnose without the aid of the laryngoscope.

With the advice of professional friends, and at the request of several medical men personally unknown to me, but who have written to me on the subject, I have undertaken to publish the papers in the present form.

A chapter on the method of applying the laryngoscope has been added ; for the proper manipulation of this instrument is the first thing to be acquired by

the surgeon who would treat these diseases. If carefully applied, patients can undergo its introduction into the throat without inconvenience ; but without the strictest care in its application, retching and dread of the instrument are produced, which it is difficult subsequently to overcome.

ARTHUR TREHERN NORTON.

6, *Wimpole Street*,
Cavendish Square, W.

Mode of applying the Laryngoscope.

THE whole apparatus for laryngoscopy consists of a lamp ; of a larger reflector, for the purpose of throwing light into the throat ; and of a second or smaller reflector, fixed at the extremity of a light metal handle, to be passed into the pharynx. On a clear day the lamp is unnecessary, and the larynx may be seen to better advantage with the ordinary day light.

With regard to the large reflector, it may be fixed upon the forehead of the operator by an elastic strap around the head, or it may be held in a spectacle-frame in front of the eye, the line of vision being maintained through an aperture in the reflector. It is this latter variety that I prefer.

The first thing to be done is to adjust the light, and for this purpose the patient should sit by the side of the lamp, facing the operator. The patient should be requested to open his mouth, and the reflector should be arranged so that the light is thrown well into the throat without cramping the head of the surgeon in its movements.

The tongue of the patient, held in a napkin, must now be drawn forwards by the left hand of the operator ; but in so doing the patient's head must

not be moved. In order not to injure the tongue against the teeth, the left index finger should be placed beneath the tongue, slightly above the level of the teeth, and the tongue should be drawn over the finger without touching the teeth.

The patient should now be requested to breathe with prolonged inspirations and expirations, for by so doing the cavity of the larynx is freely exposed, and the space of the pharynx increased in size.

The laryngeal reflector, first warmed over the lamp, and its temperature tested by applying it to the face or hand of the operator, must now be held lightly in the right hand, like a pen, and passed in a curve along the roof of the mouth—great care being taken not to touch the tongue. The soft palate and uvula will now be pushed upwards and backwards by the reflector, and the reflector, having reached the back of the pharynx, should next be depressed by elevating the hand until the cavity of the larynx comes into view. If the patient be now requested to articulate the expressions, “Ah! Ah!” the cords will be seen to approximate.

When the cords are not closed, several rings of the trachea will be readily distinguished, and with a strong light the bifurcation of the trachea may be occasionally seen.

AFFECTIONS OF THE THROAT AND LARYNX.

IN 150 consecutive cases of affections of the throat and larynx which came under the care of Dr. Sieveking and myself in the throat department of St. Mary's Hospital, nearly every disease was exemplified. I have, therefore, collected the cases into classes and subdivisions, and described the several symptoms which characterised each disease, together with the treatment adopted and the results obtained. I have also illustrated the diseases by a report of characteristic cases, and of cases which, from complications or from some deviation from the ordinary course of symptoms or treatment, have a special interest. It will be noticed that a large number of cases were complicated with, and probably due to, syphilis; and therefore, in giving the number of patients suffering from each disease, I have thought it well to add also the number of cases in which syphilis was present.

RECOGNISED WITHOUT THE AID OF THE
LARYNGOSCOPE, 93 :—

						Syphilis.
Inflammation of tonsils, palate, and pharynx	37	..	..	..	..	1
Hypertrophy of tonsils.	24	..	..	..	..	6
Ulcers of tonsil and palate	19	..	..	..	..	13
Epithelioma of tonsil, palate, &c.	2	..	..	..	..	—
Ulcers of tongue	5	..	..	..	..	4
Psoriasis of tongue	1	..	..	..	..	—
Dryness of pharynx	3	..	..	..	..	—
Herpes of fauces, &c.	2	..	..	..	..	1

RECOGNISED WITH THE AID OF THE
LARYNGOSCOPE, 59 :—

Catarrh of larynx	14	..	..	..	..	—
Chronic laryngitis	17	..	..	..	..	4
Inflammation and congestion of vocal cords..	7	..	..	..	..	1
Ulcers on vocal cords	4	..	..	..	..	2
Growths on the vocal cords	2	..	..	..	..	2
Hypertrophy of cords	3	..	..	..	..	2
Partial paralysis of cords	2	..	..	..	..	—
Hysterical aphonia	4	..	..	..	..	—
Anæmia of larynx	2	..	..	..	..	—
Ulceration of epiglottis	4	..	..	..	..	2
	152					38
Cases referred to on two occasions	2					
	150					

AFFECTIONS RECOGNIZED WITHOUT THE
AID OF THE LARYNGOSCOPE.INFLAMMATION OF THE TONSILS, PALATE, OR
PHARYNX.

Of the thirty-seven cases suffering from this affection, *seventeen* (nine males and eight females) came with well-marked constitutional and local symptoms of the formation of an abscess. There was a swelling in the region of one or both tonsils, extending either forwards into the soft tissues of the hard palate, or backwards into the pharynx, and in one instance into the substance of the tongue. The swelling was of a pink, red, or bluish colour, very hot and painful, and somewhat hard. In two cases pus had already formed and fluctuation could be detected, and these were at once relieved with the bistoury. Swallowing was accompanied by extreme pain. The voice was thick and indistinct, and in many cases deafness was produced upon the affected side in consequence of extension of the inflammation to the Eustachian tube. The tongue was white or foul; the pulse rapid, usually weak, though in some early stages of the affection of greater strength than normal. The inflammation extended in all cases to the pharynx, palate, and uvula, the last structure

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being usually much enlarged and œdematous. Fever was evident to a greater or less degree.

The treatment adopted was the administration of an emetic composed of antimony and ipecacuanha; and after free vomiting had been aided by copious draughts of warm water, a mixture of carbonate of ammonia and tincture of bark was given three times a day.

The treatment of this class of affections, with the exception of the two following cases, varied between seven and fourteen days. These two were complicated by sequelæ, and extended over a lengthened period.

The first case, Hester D——, aged sixty-one, wife of a railway porter, attended with symptoms of quinsy, and was treated in the manner described. The inflammation, however, was not cut short, and an abscess formed, and burst. The tonsil remained of large size, and the tissue around the aperture through which the pus had escaped became phagedænic. The breath was unbearably fetid, and the health of the patient became much impaired. A gargle of carbolic acid, and a mixture of bark and ammonia, were ordered. The medicine was continued for a fortnight, and then changed to citrate of iron and quinine. Improvement took place but slowly, but in rather less than two months all throat affection had disappeared. The patient, however, afterwards suffered from a bad attack of dyspepsia, and was treated accordingly.

The second case, John S——, aged thirty-nine, a waiter at an hotel, attended with acute inflammation of the right tonsil. The epiglottis was also much inflamed and thickened. An emetic was given. No abscess formed. At the following visit the acute form of inflammation had subsided to a great extent. He was now requested to use steam inhalations, and also a gargle of chloride of zinc, four grains to the ounce of water. The bowels were kept well relieved. Little or no further progress was made during the next fortnight. In reply to questions, the patient stated that he had had chancres eight months previously, and that they had been followed by an eruption on the face and body, though no spots were at that time existing. He was now placed under iodide of potassium, with an addition of bi-carbonate of soda and decoction of chinchona. In a fortnight from this time the throat was much improved, but, at the same time, the sclerotic coat of the right eye became inflamed, and this was followed by an attack of iritis. The treatment now adopted was calomel-and-opium pill, and a continuation of the mixture. The iritis was rapidly overcome, and the pills were therefore discontinued, but bichloride of mercury was added to the mixture. In three weeks from this date he was discharged cured.

The remaining twenty cases of inflammation were in the proportion of eleven males to nine females.

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The prominent symptoms were redness of some part either of the soft palate, tonsil, or pharynx, accompanied by dysphagia, but without any marked constitutional disturbance. Among these cases may be reckoned the more characteristic forms of so-called "relaxed sore-throat." In these the throat was hot and dry, and exhibited an increased vascularity, either in the form of general redness, or in the form of dilated vessels crossing the affected part; swallowing produced a tearing or dragging pain, but if the throat were moistened with a lubricating fluid, as acacia mixture, the pain in swallowing was considerably relieved. On pressing beneath the angle of the jaw with the finger the tonsil could be easily detected increased in size.

The treatment varied with the amount of inflammation. In those cases in which the submucous vessels only were enlarged, strong astringent gargles were used, as a solution of alum (fifteen grains to an ounce), or a solution of tannin (eight grains to an ounce). Where the tonsil could be felt beneath the ramus of the lower jaw, a liniment composed of six drachms of soap liniment, and three drachms each of oil of turpentine and solution of ammonia, was rubbed into the part. Where the throat was more deeply reddened, or of a bluish colour, or cedematous, hot steaming was advised, and a gargle was ordered composed of one drachm each of tincture of iodine and compound tincture of chinchona to an ounce of

water. In all cases a tolerably strong purgative was at once administered, and the throat was brushed over with the pure tincture of iodine.

The duration of these cases was rarely more than a week, but in three instances the relaxed condition of the tonsil continued, and in these citrate of iron and quinine was prescribed, and a blister the size of a florin was applied beneath the angle of the jaw, the action of which was immediately beneficial.

CHRONIC ENLARGEMENT OF THE TONSILS.

Of the 24 cases in which the tonsils were enlarged, 7 were children under fourteen years of age, and the rest were between the ages of nineteen and forty-three.

All complained of frequent attacks of subacute inflammation, accompanied by dysphagia, dryness of the throat, and some alteration of voice. In all, with the exception of three of the children, there was a variable amount of inflammation or congestion existing at the time of their application at the hospital.

Deafness was a prominent symptom. Eight complained of deficiency of hearing on one or both sides, and three were markedly affected with it. Of these three, the first was a woman, forty years of age, who had suffered from syphilitic affections of the tonsils for many years, and who was under treatment for chronic inflammation of both tonsils with

hypertrophy, and for aphonia, due to inflammation of the true cords. The second was a boy, fourteen years of age, whose tonsils had been enlarged from birth; in which case the tonsils were afterwards removed. The third was a woman twenty-four years of age, who stated that her tonsils had been enlarged for four months, and that she had been deaf eleven weeks. In this case the tonsils were painful on swallowing, and were found on examination to be much congested, of a purple colour, and considerably enlarged.

In three cases only the tonsils were stated to have been enlarged from birth, and in these there was neither pain nor congestion, but the glands were indurated and anæmic.

Six cases altogether were traced to syphilis, and in all of these the symptoms of subacute inflammation were still existing.

The rest were due to repeated attacks of subacute or acute inflammation of the gland.

The treatment consisted of iodide of potassium as an absorbent in all cases, with the exception of the children, who were ordered iodide of iron, phosphate of iron, or cod-liver oil. The local application was pure tincture of iodine, and in the syphilitic cases a gargle of perchloride of mercury, three grains to eight ounces of water.

In three cases the tonsils were excised. The first was a young married woman, in whom the ton-

sils were much hypertrophied and covered by condylomatous growths, and which made no improvement under treatment. This woman had, at the same time, condylomata around the anus. The second, a housemaid, who complained of extreme pain low in the neck during deglutition, and whose tonsils were largely hypertrophied, and prevented the laryngoscope from being used. After the removal of the tonsils, an ulcer of some size was found to extend from the arytenoid cartilage outwards upon the pharynx. The third, a lad, whose tonsils were extensively hypertrophied, and projected backwards into the throat. The patient was very deaf, and was unable to breathe through the nose. He complained that his tonsils frequently produced fits of retching, and that in the night he constantly woke up with a sensation of choking.

The result of the treatment was good in all cases, but more especially so in those connected with syphilis. I cannot say that all the tonsils resumed their normal size, but they visibly decreased, and the symptoms and discomfort with which the patients applied to the hospital gave way under treatment. Some few left the hospital as soon as the affection ceased to be a trouble to them, but before reduction of the tonsil to its normal size could be effected.

The following cases may be recorded as the more interesting examples, some of which were complicated with other throat affections :—

A. F——, aged forty-two, wife of a painter, had suffered for years from repeated attacks of sore-throat; had had eruptions upon the skin from time to time. She complained of dysphagia, of aphonia, and of deafness. Her tonsils were found to be much enlarged and indurated; they were also congested. A laryngoscopic examination was made with a small mirror, and the congestion was seen to extend to the epiglottis and false cords; but the examination was tedious and imperfect, owing to the tonsils closing in front of the mirror. A mixture of iodide of potassium and perchloride of mercury was ordered, and a gargle of perchloride of mercury. She was also requested to steam her throat. The tonsils gradually decreased in size; and in one month—less three days—she stated that she had been able to hear tolerably plainly with the left ear. In the following week she could hear also with the right ear; but the voice still remained small. The tonsils were now considerably decreased in size, and a good view of the larynx could be easily obtained. There was general congestion of the epiglottis, larynx, and trachea. The true cords were likewise congested; but the right more so than the left. The false cords were swollen, and overlapping the true cords; so that during articulation they approximated and produced a small whispering voice. A solution of chloride of zinc (two scruples to the ounce) was applied to the cords with a laryngeal brush; and an in-

halation of creasote was ordered to be used three or four times a day. The bowels were kept freely open. The iodide-of-potassium mixture was continued; but the gargle was exchanged for one of tincture of iodine and compound tincture of cinchona. This treatment was adopted for nearly a month, when, as the larynx still remained congested, a blister (two inches square) was applied to the region of the thyroid body. She now improved rapidly; and in three weeks from this date the patient had completely recovered.

H. W——, aged twenty-seven, wife of a labourer, had enlarged tonsils from chronic inflammation, accompanied by deafness. The tonsils were congested. A mixture of iodide of potassium was ordered, and the tonsils were painted three times a day with a solution of perchloride of mercury (three grains to the ounce). Under this treatment the tonsils rapidly decreased in size, and in three weeks the deafness had nearly disappeared. In six weeks she left the hospital cured.

H. F——, a housemaid, applied with hypertrophied and indurated tonsils, and complaining of a sharp pricking pain, which she stated to be low in the throat. She refused all solid food, as the pain was too great to swallow. She had previously been gargling with an astringent gargle. On examination the tonsils were found enormously enlarged and indurated, but anæmic. The laryngoscope could not

be used. The tonsils were at once removed; and in the following week, by means of the laryngoscope, an ulcer was found on the right side of the pharynx, extending to the right arytenoid cartilage. The ulcer was sponged with a solution of nitrate of silver (one drachm to the ounce); and as there was considerable debility, the patient was ordered a mixture of carbonate of ammonia and compound tincture of bark. Improvement at once commenced, and the patient shortly left for the country.

H. M——, aged nineteen, wife of a letter-carrier. The tonsils were very large, rough, and irregular, and covered with masses of condylomatous growths. The voice was rough and indistinct, and the respirations snoring. Condylomatous growths also surrounded the anus, and patches of psoriasis were scattered over the face and arms. The patient was anæmic and very low-spirited. A mixture of iodide of potassium with sesquioxide of iron was prescribed, and a gargle of the perchloride of mercury. She was under treatment for three months without any evident decrease in the size of the tonsils. She had frequently refused to have the tonsils removed; but as there seemed to be no improvement, she at last consented. The substance of the glands was soft and friable, and broke down easily under the fork of the guillotine. They were, therefore, drawn up to the blade by means of vulcellum forceps. She left the hospital cured after four months' attendance.

F. W——, a boy six years of age, was stated to have had enlarged tonsils from birth. They produced no pain ; but, as the boy took no notice of any one unless spoken to in a loud voice, his mother thought he might be suffering from “throat deafness.” The tonsils were painted with compound tincture of iodine, and a gargle was prescribed composed of tincture of iodine and compound tincture of cinchona, of each one drachm to the ounce. The iodide of iron was given internally, and grey powder every alternate night. The child was under treatment altogether three months, when the tonsils had decreased in size considerably, though they were still larger than normal. The deafness had entirely disappeared.

ULCERS OF TONSIL, PALATE, &c.

Of the nineteen cases of ulceration of parts within ocular view, thirteen were traced to syphilis, and all occurred in adults. In eleven cases the tonsils alone were affected, either one or both ; and in eight cases the ulceration occurred upon the palate, tongue, and gums, extending in some instances to the epiglottis. Two only were complicated with an affection of the larynx.

The prominent symptoms were pain on swallowing, of a tearing, lancinating character ; and in many instances a loathsome breath. The pain was decidedly more severe in those cases that were not of

syphilitic origin, and in many cases that were due to syphilis, although large and deep ulcers existed, little or no pain was present. The pain seemed, indeed, to vary, not so much with the character of the ulcer as with the amount of surrounding inflammation. Fetid breath occurred chiefly in the cases of syphilitic ulceration, for in those the type of the ulcer was phagedænic. The constitutional symptoms varied greatly. In many the constitution was unaffected; whilst in others, and more particularly in those of a syphilitic taint, there was considerable nervous and mental depression.

In three cases the soft palate was perforated, a round aperture the size of a crowquill passing completely through the substance of the velum palati.

The treatment adopted was, in the syphilitic cases, iodide of potassium, five grains to the dose, and a gargle of perchloride of mercury (three grains to eight ounces). A wash also of carbolic acid or of chlorinated soda was given in those cases in which the breath was foul, or in which the ulcer was of the phagedænic type. In cases not connected with syphilis, a solution of chloride of zinc (a scruple to the ounce) was painted upon the ulcers, and a mixture of chlorate of potash and cinchona was administered internally.

Extensive ulceration of soft palate, fauces, base of tongue and epiglottis.—A. M —, aged thirty-two, a street coffee-stall keeper, stated that her

business was to keep the stall through the whole night and early morning ; she was therefore very much exposed to wind and weather. She said that she had not been able to swallow anything solid for more than a fortnight, and that even fluids gave her great pain. She was very low-spirited, and complained of great bodily weakness. On examination, all the structures at the junction of the mouth with the pharynx were found to be ulcerated. The uvula was paralysed, indurated, and ulcerated, and, being much elongated, became the cause of troublesome retching and of a painful cough. The tongue was white, and the pulse 96 per minute. The ulcerated surface was washed with a solution of chloride of zinc (two scruples to the ounce) ; a mixture of citrate of iron and quinine was ordered, and an alum gargle (six grains to the ounce). At the following visit the debility of the patient had increased, and the mixture was therefore changed to carbonate of ammonia and bark. The uvula, by its elongation had become so troublesome that it was considered advisable to remove a large portion of it. The alum gargle was still continued. The patient was told on no account to attend her nocturnal duties in the open air, but she persisted in doing so. The following week she had considerably improved in health, and the ulcerated surface was in some parts granulating. The mixture was again changed to quinine and iron. From this time she progressed favourably though

slowly, and left the hospital after remaining under treatment from May 1st to the middle of July, no further changes having been made in the medicine or application.

Phagedænic ulceration of the tonsils.—M. C——, aged twenty-eight, attended the hospital with extensive and deep phagedænic ulceration of both tonsils. The constitution was considerably affected. The tongue was foul and the breath fetid; the bowels were constipated; pulse 110. The patient was unable to sleep, and could not swallow any nourishment. There was no history of syphilis. She was ordered a mixture of carbonate of ammonia and spirit of chloroform, and a gargle of carbolic acid (four grains to the ounce). By the following week there was great improvement; the ulcers were looking more healthy; the patient could take her food with less pain, and she felt stronger. The medicine was changed to citrate of iron and quinine, and the gargle repeated. She remained under treatment a fortnight, and was discharged cured.

Subacute pharyngitis and syphilitic ulceration.—H. P——, aged twenty-five, a carpenter, attended the hospital on the 1st of April. He complained of dysphagia, of loathing of food, and of general debility. On examination, the pharynx was found to be dry and inflamed, and an ulcer of elongated form was found extending from the right side of the base of the tongue downwards to the epiglottis. The

margins of the ulcers were elevated and reddened ; but the surface was smooth, and showed no signs of granulation. A mixture of iodide of potassium and infusion of quassia was prescribed, and also a gargle of perchloride of mercury (half a grain to the ounce). At the following visit (one week) the appearance of the ulcer was improving, and it did not feel so indurated to the finger as at the first visit. The mixture was repeated ; but the gargle was changed to chloride of zinc, as he complained that the mercury produced great dryness of the throat and soreness of the cheeks and gums. There was, however, no mercurialisation. On the 15th of May the patient complained only of slight pain on swallowing, and the ulcer was seen to be greatly reduced in size. At this time the lymphatic glands over the parotid region became enlarged and painful ; for which a soap and ammonia liniment was ordered to be rubbed in. On the 5th of June the ulcer had healed ; but the glands remained enlarged, though not now painful. They were, therefore, painted with compound tincture of iodine. He remained under treatment till July 17th, and was then discharged cured.

Perforating ulcer of palate.—S. C——, a widow, applied with an ulcer perforating the soft palate. She complained that, on drinking, fluid passed into the nose, and caused a fit of sneezing. She denied the existence of syphilis. The treatment adopted was

the application of nitrate of silver to the aperture, and a gargle of tannic acid (five grains to the ounce). Improvement commenced from the first ; and in five weeks the aperture was completely closed, and the ulcer healed.

EPITHELIOMA.

Epithelioma occurred in two cases.

In one the disease commenced in the left tonsil, and advanced steadily to near the centre of the soft palate, and downwards over the left portion of the epiglottis to the left arytenoid cartilage.

In the other, the disease commenced on the right side of the soft palate, consumed the entire arch of the palate, and advanced into both tonsils, and at the same time extended backwards upon the pharynx.

In both cases the affection was unmistakeable from the first, by its irregularity upon the ulcerated surface, and by the extreme hardness which pervaded both the ulcer and the tissue around. The pain was but slight, considering the amount of exposed surface.

The treatment adopted was the application of arsenic and of the solid chloride of zinc. I believe that the progress of the disease was retarded by the application of the chloride of zinc, for in some spots the indurated structure sloughed away and a soft healthy surface remained ; but in spite of treatment the disease advanced. Both patients ceased to

attend the hospital, and were consequently lost sight of.

ULCERS OF THE TONGUE.

Of the five cases of ulcer or fissure of the tongue which attended the throat department, four were due to syphilis, and one was due to a carious tooth. In the solitary case the tooth was removed, and was followed by a cure. In the four remaining cases iodide of potassium was given three times a day, and the sores were touched with solid nitrate of silver. All were cured, though in a variable time.

PSORIASIS OF THE TONGUE.

M. W—— complained of an elevation upon the base of the tongue, which she could distinguish by applying her tongue to the palate, and also by the finger. It had existed for about three weeks. I could detect two elevations with my finger, but could not see them without a reflector. With the laryngeal mirror there came into view a circular patch over the position of the apex of the lines of the circumvallate papillæ, about half an inch in diameter, somewhat elevated, and thickly coated with soft white epithelium. A second patch of similar character, but about half the size, was seen on the left side of the base of the tongue, near the tonsil. She denied that she had had syphilis ; and

there was no other symptom of that affection. Iodide of potassium was given, and the patches were touched with the solid nitrate of silver. They were cured within a fortnight ; but a redness marked the localities which they had previously occupied.

DRYNESS OF PHARYNX.

In the three cases which attended the hospital with this affection, there was a dry condition of the pharynx, without any distinct inflammation and without pain ; there was no enlargement of the pharyngeal glands, but, on the contrary, the mucous membrane of the pharynx seemed remarkably thin, and of a dry, glazy appearance.

M. C——, aged twenty-five, wife of a labourer, complained of dryness of the pharynx, accompanied by extreme general debility. She did not complain of pain, but said she always liked to drink before swallowing anything solid. She was ordered aromatic spirit of ammonia, with spirits of chloroform, and sedative solution of opium ; an astringent gargle of tannin was also given, as the case was looked upon as subacutely inflammatory.

G. P——, a painter, aged thirty, with precisely similar symptoms, was treated with a lotion of tannic acid and glycerine.

E. G——, aged twenty-six, wife of an engineer, had suffered from dryness of the throat, together with dryness of the nasal secretion, which adhered to

the pharynx and frequently produced fits of vomiting. She stated that she had suffered from these symptoms for two years. On examination, the pharynx appeared perfectly dry and longitudinally wrinkled. The mucous membrane was evidently very thin. Tannic acid and glycerine was applied. Tonics were given internally. No improvement took place. Small doses of mercury were now administered in the form of the perchloride, and a lotion of chlorinated soda was injected through the nose. This treatment was certainly beneficial. The nasal secretion no longer adhered, and the vomiting ceased, but only for the time that the lotion was injected. The patient still occasionally attends the hospital.

HERPES OF FAUCES AND PALATE.

In the two cases suffering from this affection an eruption of minute vesicles appeared on the parts mentioned, giving a white colour to those structures. Here and there the vesicles had ruptured, and left a denuded surface.

R. B—, aged twenty-one, a shopman, complained of soreness of the throat of a month's standing. Deglutition and even mastication gave pain. Food, either hot or too cold, and all condiments, produced a smarting, burning pain. The eruption covered the fauces and soft palate, and extended into the pharynx. The surface was denuded of epithelium in parts. This patient had been the subject of

syphilis. A mixture of iodide of potassium was ordered, and a gargle of chlorate of potash; under which treatment he gradually improved, and so no alteration was made throughout his attendance at the hospital, a period of seven weeks.

AFFECTIONS RECOGNIZED WITH THE AID OF THE LARYNGOSCOPE.

CATARRH OF THE LARYNX.

IN cases of this affection the usual symptoms of cold were present—sneezing and excess of mucous secretion, general feeling of cold, and constipation of the bowels. The voice was of a whispering character, and spasmodically inarticulate. There was no pain, no soreness of the throat, nor, as a rule, was there any cough. But there was a constant desire to clear the throat, and after each attempt there still remained the sensation of something adhering to the vocal apparatus.

An examination with the laryngoscope showed a slight inflammatory condition of the larynx. The mucous membrane over the arytenoid cartilages was of a deeper hue, and so also was that over the false cords. The true cords had lost their whiteness, and in some instances were distinctly reddened. A thick

secretion adhered to all parts of the larynx, and formed shreds across the rima glottidis as the true cords separated from each other. These symptoms had not been of long duration before the patients applied to the hospital for relief, and they were readily amenable to treatment. Patients suffering from this affection remained under treatment for a few days only.

The treatment was commenced by a purge, the larynx was washed with a solution of chloride of zinc (a drachm to an ounce), and hot medicated inhalations of creasote or tincture of iodine were ordered to be practised four or five times a day. The inhalation of tincture of iodine (two drachms in four ounces of water) was in two cases followed by an almost immediate return of the voice; but the relief was only temporary, as the aphonia again returned after a few hours. Still, a repetition of the inhalation was as beneficial as before.

CHRONIC LARYNGITIS.

Under the term chronic laryngitis were included all cases in which a general inflammatory condition was present within the larynx without ulceration, and which inflammatory condition was persistent, neither increasing nor decreasing. All were of more than three weeks' duration. The character of the voice was somewhat different in different

cases. In some it was like an ordinary whisper, and in others of a dry, metallic, ringing sound.

In some cases there was a decided dryness of the throat, accompanied by a tic'ling sensation, with a constant, irritable, dry, hacking cough; in others there was a constant desire to clear the throat of a viscid adherent mucus.

Constitutional symptoms were absent, except in those cases in which the affection was sequent upon bronchitis or phthisis. Patients with this affection were therefore able to continue their ordinary avocation.

An examination with the laryngoscope exhibited a general discoloration of the entire larynx. The arytenoid cartilages, cartilages of Santorini, false and true cords, all had the appearance of congestion. In several instances the mucous membrane over the cartilages, and over the false cords, was considerably thickened. The false cords, therefore, occupied a greater amount of space than was compatible with the resonance of the voice, and during articulation approximated each other so closely that all pitch of the voice was prevented.

The treatment adopted in these cases was variable. In those in which syphilis existed, iodide of potassium was resorted to. In all the larynx was brushed with a strong stimulant—nitrate of silver (one scruple to the ounce) or chloride of zinc (half a dram to the ounce); or, in place of the brush, the

application was thrown into the larynx with a rose-syringe. A blister, the size of a half-crown, was applied to the neck in the neighbourhood of the thyroid cartilage. Medicated inhalations of creasote or tincture of iodine were ordered to be used frequently ; and in those cases in which a viscid mucus clogged the larynx, small doses of ipecacuanha were administered.

E. D——, aged twenty-three, a porter, had suffered from hoarseness for over three weeks, and from aphonia for a fortnight. He complained of no pain, but of inability to clear the throat. The laryngoscope showed general congestion of the larynx. The hospital preparation—compound squill mixture, with ten minims of ipecacuanha wine, was ordered to be taken every four hours. A blister was applied to the neck, and the larynx was brushed with the chloride of zinc. In a fortnight the voice had returned ; but as he complained of loss of appetite and general debility, a tonic was ordered, and he remained under treatment for a fortnight longer.

M. S——, aged thirty-five, unmarried, had lost her voice for five weeks. She stated that when her voice first went she suffered from acute pain in the throat, but that latterly there had been no pain whatever. She complained of constant cough. With the laryngoscope the cords as well as the adjacent parts were seen to be deeply reddened. A creasote inhalation was ordered, and the compound ointment

of iodine was applied to the neck. The larynx was brushed with the chloride of zinc lotion. On the following week there was no improvement whatever ; a blister was therefore ordered to the neck ; the application to the larynx was continued, and, as the patient complained of want of rest, Dover's powder was given at bedtime. At her next visit there was decided improvement in the voice ; the treatment was continued. At the following visit her voice was very greatly improved, but the cough remained troublesome ; a stimulating plaster, six inches square, was therefore applied to the chest, and a mixture of squills was ordered. She was under treatment seven weeks, and then discharged cured.

Mary P——, married, had suffered from bronchitis for several years. She applied to the hospital with aphonia and with a constant cough. With the laryngoscope the true cords were seen to be of a pink colour, but the rest of the larynx was of a deep congestive hue. The true cords were not readily approximated during articulation, but the false cords fell together. Squill mixture was ordered for the cough, and a solution of nitrate of silver was applied to the interior of the larynx. Each local application was immediately followed by a temporary improvement of the voice. The patient remained under treatment for four months, during which time blisters were applied, inhalations of tincture of iodine and of creasote were used, and solutions of nitrate of silver,

chloride of zinc, and muriate of iron were locally applied, all with a marked temporary relief, but with a rapid recurrence of the symptoms. The patient now left London for Dover, at which place she remained for three weeks. On her return, she stated that her voice had been more distinct whilst away from London, but that it was now as bad as it had been hitherto. A stimulating plaster was ordered, to cover the whole chest ; and the patient was made to respire a spray of the chloride of zinc solution. Finally, galvanism was resorted to. After the galvanism there was no immediate improvement, but on the following day the voice was considerably stronger. Within a few days after the second application of the galvanism the voice had returned to its normal character. This patient, who still suffers from bronchitis, and whose voice continues to become indistinct at times, especially in damp weather, yet occasionally visits the hospital.

INFLAMMATION AND CONGESTION OF TRUE VOCAL CORDS.

In seven cases one or both true vocal cords were discoloured, without any affection of the rest of the larynx. Of these seven, only one had previously suffered from syphilis. In all the voice was altered ; in five cases there was hoarseness, and in two there was entire aphonia. Cough of a dry character was present in some instances, but not in all.

These cases were treated by the application of nitrate of silver solution to the cords, and, in addition to this, the iodine ointment or tincture of iodine was externally applied every day. A purge likewise was administered.

E. A——, aged seventeen, had suffered from complete aphonia for four months. Quinine and iron was administered; nitrate of silver solution was applied, and creasote inhalation was ordered. She remained under treatment one month.

In the case of Agnes T——, who had previously suffered from syphilitic cutaneous eruptions, a mixture of iodide of potassium and perchloride of mercury was prescribed, and the nitrate of silver solution was applied. She remained under treatment three weeks. The other cases were under treatment, on an average, about a fortnight.


ULCERS ON VOCAL CORDS.

Of the four cases suffering from ulceration within the larynx, either of the true or false cords, three were males, and one was a female. No pain occurred in these cases; but in one, in whom the ulceration extended from the right false cord backwards to the arytenoid cartilage, swallowing was productive of a sharp pricking pain, which extended into both ears. In all there was more or less constant cough of a dry character; the voice was altered, either soft and whispering, or rough and hoarse. In one case the

symptoms assumed the character of phthisis pulmonalis. The man became emaciated, his appetite failed, he could not speak, and he could not attend to his duties.

The treatment consisted of warm inhalations and of topical stimulants—nitrate of silver, chloride of zinc, and simple glycerine; of blisters to the neck, and of internal treatment, either of iodide of potassium or of tonics.

H. R——, a youth nineteen years of age, pale and emaciated, had been losing flesh for several months, and had been suffering from a cough for about a year and a-half. He frequently spat blood, but had never thrown up any large quantity at a time. His voice was of a hoarse, ringing character. Swallowing produced no pain, but coughing was accompanied by a soreness in the throat. He complained of great exhaustion, and was too weak to attend to his vocation, which was that of a carpenter. An examination with the laryngoscope showed the right true vocal cord reddened and superficially ulcerated in nearly its whole length. The right false cord was also inflamed, and upon it was situated a deep excavated ulcer, of elongated form. The patient denied that he had had venereal disease in any form, though the character of the ulcer led to the belief that it was specific. Iodide of potassium was ordered, and the ulcer on the false cord was touched with solid nitrate of silver. Inhalations were also ordered. Little



alteration took place for some time, but under a continuation of the medicine, and a change of the local application from nitrate of silver to a solution of the chloride of zinc, the disease was entirely cured in two months.

GROWTHS ON THE VOCAL CORDS.

Of the two cases that occurred with this abnormality both were the subjects of syphilis, and in both the only symptom was a spasmodic rancous voice.

T. M——, aged twenty-eight, a porter, had suffered from syphilis for eight years. Hoarseness had been increasing for two years. The laryngoscope exhibited a warty growth at the base of the left vocal cord, about the size of a No. 3 shot. Iodide of potassium was ordered, and a solution of nitrate of silver (two drachms to the ounce) was applied to the growth. After seven applications the growth disappeared. The voice now became nearly normal, though still slightly hoarse. A fortnight from this time he was discharged cured.

E. C—— had suffered from hoarse, spasmodic voice for six months. It was increasing. With the laryngoscope it was found that two growths had, become developed upon the left vocal cord, one at the base and one about the centre. A similar treatment was adopted in this case. After five weeks the growths had disappeared ; but both the true cords were greatly hypertrophied ; and at the present time

there is an evident protrusion of the inner margin of the left vocal cord near the base. The voice now has a deep tone, but is no longer spasmodic.

HYPERTROPHY OF CORDS.

In three cases the true cords were considerably thickened. They were normally white, and the rest of the larynx was unaffected. Two were the subjects of syphilitic disease ; and the only symptom was the alteration of the voice, which was of a sharp, whispering, metallic character. The treatment was iodide of potassium. At each visit the cords were brushed with a solution of chloride of zinc to stimulate absorption.

PARTIAL PARALYSIS OF TRUE VOCAL CORDS.

In two cases in which aphonia existed there was no discoloration of the cords, nor abnormality of the larynx. The true cords were seen to move during an attempt to articulate ; but the whispering voice was produced by approximation of the false cords. Both cases were the subjects of rheumatism. Galvanism was applied with good effect. A mixture of bicarbonate of potash was prescribed. The cases attended, one for three weeks, and one for a month. Both were discharged cured.

HYSTERICAL APHONIA.

Of the four women in whom hysterical aphonia occurred, two were married, and two were single. In two there was also globulus hystericus. There was no abnormal condition of the larynx. They were treated with tincture of assafoetida and camphor water. Galvanism was frequently used. One of these cases (H. F——, aged twenty-five, unmarried) remained under treatment for over five months. One was cured after three applications of the galvanic current.

ANÆMIA OF LARYNX, WITH APHONIA.

In two cases, hoarseness, with intervals of entire aphonia, existed, without any laryngeal disease. There was, however, general anæmia, and this was especially marked in the larynx. In one case, a single woman, aged twenty-seven, who suffered from amenorrhœa at the same time, the compound iron mixture was prescribed. In the second case sulphate of iron (two grains to the dose) was given. The first case was under treatment for three weeks, and the second for a fortnight. Both regained their voices.

AFFECTIONS OF THE EPIGLOTTIS.

Inflammation.—The epiglottis was most commonly inflamed in cases in which there was inflam-

mation of the surrounding structures, as in acute tonsillitis or laryngitis. In no case was acute inflammation of the epiglottis found to exist alone.

Ulceration of the epiglottis occurred in four cases. In one case it was coexistent with ulcers upon the soft palate and on the base of the tongue. In a second case it was accompanied by ulcers at the base of the tongue; and in the third and fourth cases the epiglottis alone was affected. In one of these there had been at a previous period general syphilitic ulceration of the tonsils, pharynx, and palate, with entire loss of the uvula. It may be as well to mention that in this case the loss of the uvula was for a long time followed by the passage of the food and fluids into the nares during deglutition; and at the present time fluids occasionally find their way into those spaces. The treatment adopted was the application to the ulcer of the solid nitrate of silver, which, as the disease gave way, was replaced by a solution of the same (at first one drachm to the ounce, and afterwards one scruple to the ounce). Improvement commenced after one or two applications, and progressed rapidly. Two of these cases were the subjects of syphilis, and in both the iodide of potassium was administered.

FINIS.





